Connecting Kids to Coverage National Campaign
Medicaid and CHIP Outreach and Enrollment Considerations in Immigrant Communities
Webinar Transcript
07/17/2014

The broadcast is now starting. All attendees are in listen only mode.

>> Riley Greene
Hi everyone. This is Riley Greene with the Connecting Kids to Coverage Campaign. Thank you so much for joining us this afternoon for our webinar on Medicaid and CHIP Outreach and Enrollment Considerations in Immigrant Communities. We had almost 600 people sign up for this webinar, so we know it's a topic that is in really high demand and we're really excited to have a great lineup of policy and organizational outreach experts on the line to present to you today. I'm just going to run through a couple of housekeeping tips and then hand it over to Donna Cohen Ross with CMCS. We will be taking questions during two question and answer sessions throughout the presentation, and we ask that you use the question box or chat feature in the control panel of your webinar. That should be on the right hand side of your screen, a little grey box. Just type your questions in as they come up, and we'll put them in a queue and moderate and read those out during the two question and answer sessions. That is really it as it comes to logistics, so I'm going to hand it over to Donna to get us started.

>> Donna Cohen Ross
Thank you so much Riley, and thank you everyone for joining us this afternoon. As Riley said, we know because so many people have asked for this topic, but we also know because of the robust signups for this webinar that this is a topic that is much on everybody's minds and it is really important to the work that we're all doing to try to get as many eligible children and adults enrolled in Medicaid and CHIP as possible. Where there are particular challenges in understanding eligibility rules and understanding the best ways to reach out and help families, that's why we're here today. We want to talk about those issues, make sure that we have a good understanding of what the rules are, and then talk a lot about the best ways to make sure that we are doing the most effective job possible in getting people enrolled. So we have a really great lineup of individuals today, and as you know we have expanded our timing to 90 minutes today and it's because we have so much to talk about and we want to be sure that we do a good job for you not just explaining the rules as you'll see in a little bit maybe even getting a little bit of practice with them. So we're very excited about that. I'm just going to talk a little bit about our agenda, I think I've already alluded to it. We're going to get a really good talking to about the eligibility rules, that's going to happen in just a moment. We are going to have some enrollment scenarios, a little bit of practice and a deeper understanding in applying those eligibility rules, not just for eligible immigrants but also rules about what we do about people in mixed immigration status families, you'll be hearing a lot about that. And then we are going to talk about how outreach is being executed in two different places, in both Illinois and Washington, and we have some of our partners and grantees with us to talk about what they're doing. One of the reasons we expanded

our timing this afternoon is because we know that you're going to have questions and hopefully you're going to have some experiences to share as well, and so we've built in some question and answer periods as Riley has mentioned a moment ago. So without further ado, okay I think I talked a little bit about this already, just the idea that there are some unique challenges in understanding the rules around immigration and mixed immigration status for Medicaid and CHIP, and that we are going to go through a lot of these things going forward. So let's keep going. I am going to introduce our first speaker. It is my great pleasure to introduce my colleague and longtime, longtime friend and colleague, Sarah Lichtman Spector. She is the Technical Director in the Division of Eligibility, Enrollment and Outreach in our Children and Adults Health Programs Group, that is a mouthful, at the Centers for Medicaid and CHIP Services. But you can see not just by her title but you're about to find out from her presentation that Sarah really knows this world very deeply, and she is going to give us all of what we need to know in our work in helping children and families get enrolled. So I'm going to turn it over to Sarah.

>> Sarah Lichtman Spector
Thanks Donna, thanks for such a nice introduction and setup. Let me tell you what we're going to talk about today. Donna's right, I'm going to give you the deep dive for the eligibility rules. I'm going to focus on those eligibility rules for non-citizens. I'm going to talk about both those rules that were put into effect by PRWORA, I promise to tell you what that means and then not quiz you. Also talk through the Lawfully Residing Option that was put in place by CHIPRA that's available for children and pregnant women as a state option. Talk about a number of different application and enrollment factors, particularly for non-citizens that come into play, as well as language services, and then sort of do our round up of where we are with eligibility, here we are in 2014 and touch on the eligibility for Marketplaces so that we put that in context and hopefully put you in perfect stead to then be handed off to my colleagues Jenny and Shelby to walk through some scenarios and see how the rules work. So without further ado, I'm going to jump in. One of the most important things to know about non-citizen eligibility for Medicaid and CHIP is that it actually did not change in any way through the Affordable Care Act as it relates to Medicaid and CHIP. Really, the rules for non-citizen eligibility, the thrust of them, although there certainly have been some tweaks over the last decade or so, are set forward in PRWORA as I alluded to. This is the 1996 welfare reform act, the Personal Responsibility and Work Opportunity Reconciliation Act, I promise that's the last time I'll say that. And it set out a number of important premises for Medicaid and CHIP. So it set out for the first time there is a list, there is a magic in statue set number of groups who become qualified non-citizens. And it says in order to be eligible for Medicaid or CHIP you have to be on this list as an individual who is a qualified non-citizen, and the statute says those individuals who are on this, certain types of immigration statuses who entered before a magic date, August 22, 1996, not surprisingly the enactment date of that statute, those individuals are eligible. It then says that it applies what is sort of famously called the Five-Year Bar, many of you have probably heard about that, that many individuals who were on this list of qualified immigrants, qualified non-citizens, must be subject to and wait five years from the date that they get that qualified status. The biggest group that that rule is applied to is lawful permanent residents, what most people call colloquially green card holders, most of whom are subject to the five year waiting period. Importantly, the statute also sets out exemptions of quite a

number of those groups from the five year waiting period. It is almost as important to know who it does not apply to as it does for whom it does apply, and we'll walk through some of that, you can see some of that on the slide here. Exempted are refugees, asylees, Cuban/Haitians, victims of trafficking, veterans and active duty military are the biggies. It's worth noting that no federal funding is available to cover undocumented immigrants with an important exception, which is that there is limited payment for limited emergency services for an individual who is encountering an emergency medical condition. So then I want to jump in a little bit and give you some examples of who are qualified non-citizens. Some of those individuals are lawful permanent residents or green card holders who we just talked about, asylees and refugees, Cuban/Haitians, parolees if they are paroled for more than one year, certain battered non-citizens and their spouses and children, victims of trafficking, you can see them there on the slide. Those individuals are all considered qualified non-citizens. You can see that quite a number of these were on the last slide that I noted are exempted from the five-year bar. So that is a really important note. Another one to add to this list which is super important is American Indians and Indians born in Canada are also considered qualified non-citizens. So in 2009, CHIPRA, the Children's Health Insurance Program Reauthorization Act came along and said, we're going to offer states an option to cover lawfully residing children up to the age of 21 and pregnant women. And states can opt either to cover the children or pregnant women or both in their Medicaid and CHIP programs, and those individuals are lawfully present and otherwise eligible, right? They have to meet the other types of Medicaid eligibility criteria in their state, that would be income and state residency at a minimum. Without a five year waiting period, importantly it lists the five year waiting period for those individuals who were subject to it previously who are in those categories, either of a child or a pregnant woman. And regardless of that date of entry that I mentioned that was important is no longer relevant in the lawfully residing options. 29 states plus the District and the Commonwealth of the Northern Mariana Islands are in with this option, so this is really now more than half the country covers lawfully residing children and pregnant women. So it's worth drilling down just a little bit. I want to tell you how we've interpreted and what is included in lawfully present individuals, which is on the next slide. So it includes the qualified non-citizens who we just walked through regardless of their waiting period, right? It lifts the waiting period for those kids and pregnant women. It includes a number of other humanitarian statuses like temporary protected status, special juvenile status, asylum applicants. It includes valid non-immigrant visa holders. A number of different other statutes that these individuals are legal, they all are brought in as well as some individuals in two of the territories, American Samoa and Northern Mariana Islands. Children granted DACA Status or Deferred Action for Childhood Arrival are not considered lawfully present and that is the one exception we have. On the next slide, I want to turn now to how some of the application processes have shifted, and this is really as a consequence and in the implementation of the Affordable Care Act, there really has been as probably most of you are aware really significant changes in establishing a seamless and streamlined eligibility and enrollment system. That has affected the enrollment processes for Medicaid and CHIP. And so I want to set this up broadly and quickly honestly, we probably could talk about this slide for the entire hour and a half easily. But at least just to set up sort of the rest of the application processes that are more specific to non-citizens are going to make a little bit more sense having walked through this briefly. An individual, this is sort of the life of an individual if you will of somebody applying, you can see on the far left

can submit one single streamlined application for exchange coverage, Medicaid and CHIP. They can apply online, by phone, in mail, or in person. No matter how they apply, their eligibility is both verified and determined and there is a federally managed data services hub that is going out and verifying various pieces of their eligibility. That includes verifying immigration status with DHS, with the SAVE system, verifying citizenship with the Social Security Administration, and in many states verifying income with the IRS. And then you can see in the far right column, enabling individuals to enroll in affordable coverage, whether that coverage is for advanced payments through the exchange and getting financial assistance through advanced payments for the premium tax credit or through enrollment in Medicaid or CHIP. With that said, when we went about in establishing our rules about how are the application processes going to work, we set forth a number of important safeguards related to minimizing the burden for individuals who are walking through that process. And I want to walk through a couple of them that are the most salient for non-citizen eligibility and can really be tools in helping eligible individuals enroll. The first is that the state may only require individuals to provide information necessary to make an eligibility determination for an applicant or beneficiary. If you take almost nothing away from this entire webinar, it is that piece of information is so critically important. So indeed applications can ask, we in our minds talk about and I'm sure the next speakers will talk more about applicants and non-applicants and mixed households. But as you probably can easily imagine, for example an eligible child and a non-applicant parent applying on behalf of a child who is trying to get coverage for him or herself. Applications may ask those non-applicant individuals certain information about them that is needed to determine eligibility for that applicant, so it could be the income information or their tax information that is related to specifically the eligibility determination of that child in the particular scenario I just spun out. Moving onto the next slide. Other specific rules around non-applicants include that specifying the social security numbers can be requested of a non-applicant if it is voluntary, again if it's only used to determine eligibility for the applicant or beneficiary, you're getting a theme here right? And if there is clear notice to the individual about both of those things, that it's voluntary and exactly the use upon which that social security number is going to be used. And very importantly, the state should not ask for citizenship or immigration status information about the non-applicant. Again that goes to the very first bullet that we talked about on the last slide, that would be not relevant to the determination of eligibility of the applicant. I want to say a word about public charge, this may be a worry for some you interact with in the community. Applying for Medicaid or CHIP generally does not make someone a "public charge," which is a concept that the Department of Homeland Security has established. It will not affect someone's chances of becoming a lawful permanent resident or a U.S. citizen. There is one exception that is worth highlighting which is related to individuals receiving long-term care in an institution, and that would include individuals who receive Medicaid to receive long term care in an institution. Those individuals may face barriers getting a green card and if you interact with people in that situation you want to encourage them to get advice. I also want to talk about language services. We know this is a critical issue to enable individual eligible individuals to enroll. Information must be accessible to individuals who are limited English proficient and individuals with disabilities. This is long standing. It's rooted in statute, you can see here I have citations both to Title VI of the Civil Rights Act of 1964 as well as it relates to disability Section 504 of the Rehabilitation Act of 1973. These statutes have also been implemented in a number of

places, but most recently in our own regulations that do require accessibility, information to be provided accessibly so that all individuals should be able to have the same access to our benefits. Also super importantly, and hopefully everybody on the phone is aware of this but if not it is worth putting the plug in, that federal funds, Medicaid match, is available to provide language services for both oral interpretation and written translations for Medicaid and CHIP beneficiaries. States can claim that and indeed there is regular match available for all language services, enhanced match available for some beneficiaries. But that is, states don't need to submit a state plan amendment or do anything other than submit those claims. It's my understanding that not all states do. So that is one avenue both to force states as well as for those of you in states, working with your states, to make sure that they are aware of the availability of federal funds. So I want to end with a little bit of a summary of Medicaid and CHIP eligibility. Those three bullets hopefully now will look familiar to you. I importantly put Medicaid and CHIP on the same line in the same row together because with respect there are some differences, but the differences are exceedingly remote. Those three basic standards for non-citizen eligibility are the same for Medicaid or CHIP. Generally qualified non-citizens are eligible, generally the five year waiting period must be applied to those individuals for which that is required. And there is the state option to require lawfully residing children or pregnant women that removes that five year waiting period available both for Medicaid and CHIP. With respect to the option that became available in the Marketplace and coverage through a qualified health plan and for advanced premium tax credit, let me say a word there. The standard for eligibility in the Marketplace is that an individual must be lawfully present. You will harken back to the fact that we already talked about what's the definition of lawfully present, right? It is indeed these same standards, that is not an accident. We aligned our standards for the option related to covering children and pregnant women that states have in Medicaid and CHIP and in covering all individuals in the Marketplace in APTC's and Cost Sharing Reductions. Importantly also in terms of eligibility for Marketplace/QHP advanced payments and tax sharing reductions, all important things in Marketplace coverage, individuals who have household incomes under 100% of the federal poverty level are also eligible for those programs if they are lawfully present and ineligible for Medicaid due to immigration status. That is important to note because generally for APTC eligibility and Marketplace eligibility, individuals are not eligible under 100% of the poverty level. This was a particular provision in the statute put in for individuals who are lawfully present and ineligible for Medicaid due to immigration status. So that is two big groups of people who we just talked about today, individuals who are ineligible for Medicaid due to being subject to the five year waiting period and are still in that waiting period and individuals, for example all those lawfully present individuals in that sort of longer list who are here lawfully and considered lawfully present but did not meet that initial list which you probably saw was a good deal shorter who are considered qualified non-citizens. So let me stop there, hopefully I am close to on time, and turn it back to you Donna.

>> Donna Cohen Ross
Thank you Sarah. You are perfectly on time, and I have to say that that was a beautifully done deep dive, and I know I for one am keeping these slides as my cheat sheet of immigration statuses that come under the qualified immigrant category. That was really beautifully done. We have a lot of questions coming in, so we are going to give you a chance to catch your breath while we turn to

our next speakers. And this I think is going to serve as a little bit of repetition and extra help on understanding and parsing out some of the rules that you just heard Sarah talk about. It is now my pleasure to introduce two additional friends and longtime colleagues. Shelby Gonzales who is a Senior Policy Analyst at the Center on Budget and Policy Priorities, and she is partnering in this presentation with Jenny Rejeske, who is a Health Policy Analyst at the National Immigration Law Center. I'm really pleased to have both of them here today. What they have prepared for you are several scenarios, typical family situations that you might encounter, with some people eligible for Medicaid and CHIP, some people not. How do you look at a family's situation and understand which pathway is right for which person? And Shelby and Jenny are going to take us through some of these scenarios now, and it will help reemphasize some of the points that Sarah has made. So welcome Shelby and Jenny. I'm going to turn it over to you, and I know that the two of you have worked out your presentation of the scenarios. So thank you for being with us.

>> Shelby Gonzales
Thank you Donna. This is Shelby, and also I agree Sarah that was a wonderful presentation. So I'm very glad to be here with you all and big thanks to CMS for having this webinar and inviting us to participate. So as Donna mentioned we are just going to walk through some fictional family scenarios, and our first family, we have Nadif and Fatima who are a married couple. They have a daughter, Amina. In this case, Fatima is the mother of Amina and Nadif is the step-father of Amina. Nadif became a naturalized citizen last year, and he has submitted a visa petition for Fatima and Amina last year which was approved in February. Fatima and Amina are going to, they are applying to become lawful permanent residents. In this scenario, we are going to say that Nadif earns $18,553 a year, and Nadif and Fatima file taxes jointly and they are going to claim Amina as a tax dependent. So I'm going to turn to the next slide, and now that you know a little information about this family we're going to use the information that we just laid out in the facts to think about what might be their eligibility for health coverage based only on their citizenship and immigration status. So first, we're going to look at Fatima and Amina. They are both applying for coverage, and they are not citizens. They are applying for lawful permanent residence and they have an approved visa petition. So they are lawfully present, but they are not qualified citizens under the Medicaid rules that Sarah talked about. Because they are not qualified non-citizens, Fatima is not going to be fully eligible for Medicaid, but she may qualify to get coverage through the Marketplace through a qualified health plan. Amina is a little bit different than her mom because you will recall back to what Sarah was talking about in terms of some states that do provide Medicaid and CHIP coverage to children who are lawfully present. So it depends on what state Amina is living in whether or not she will qualify for CHIP or Medicaid. And she does again, we're only looking at citizenship/immigration status, and she would also meet, as a lawfully present person, she would also meet that requirement. And Nadif, he is also applying for coverage in this scenario. He is a citizen. Citizens have no restrictions on their eligibility for insurance affordability programs. So even though he is a naturalized citizen, even though that just came through last year, a citizen is a citizen and he is eligible for both Medicaid and for enrollment in a qualified health plan in the Marketplace. So now we're going to look at the family when we think about them and their household size and their income. We're going to say that they are living in Michigan for this first piece of looking at this family. Michigan is a state that has expanded Medicaid. So the family's

income puts them at 95% of the federal poverty line for their family size, and Fatima and Amina are not going to be eligible for Medicaid because they do not meet the immigration requirement for Medicaid. Michigan has not adopted that option that we talked about earlier for children. They are eligible to enroll in Marketplace coverage because they are lawfully present. They are also eligible for premium tax credits and cost sharing reductions. In general, as Sarah mentioned before, when a family's income falls below the poverty line, they are not eligible for premium tax credits, but because there is a special rule that Sarah told you about for people who are lawfully present that don't meet the immigration requirement for Medicaid, this exception does apply for this family even though their income is at 95% of the federal poverty line they are still eligible. And Nadif is eligible for Medicaid. He is a citizen and his income is below 133% of the federal poverty line. So now we're going to look at the family and we're going to say that they're from Virginia. So Virginia did not expand Medicaid for adults, they opted not to. But they do have a policy in place that allows children who are lawfully present to enroll in Medicaid. So in this state, Fatima is still not going to be eligible for Medicaid and nothing changes for her in the Marketplace. She is still eligible to enroll in premium tax credits as we talked about in the last slide. We go onto the next slide, we have so much to say about this family we had to put in two. Amina is eligible for Medicaid because her income is below 143% of the federal poverty line which is the income limit for children in Medicaid in Virginia and the state provides Medicaid and CHIP to lawfully present children. So things change for Nadif as well. He is not eligible for Medicaid because Virginia did not expand Medicaid, and he does not meet the income requirement for parents in Virginia which is very low as you can see in this slide. As a citizen he is eligible to enroll in Marketplace coverage but is not eligible for premium tax credits to help pay for his coverage because his income falls below the poverty line. He is in the coverage gap that unfortunately occurs for a lot of people in the states that opt not to expand Medicaid. So one thing that I just wanted to point out about this family in terms of an application process type issue which will be in the next slide. I just wanted to mention one thing, that for people who are applying online, a lot of the online applications including healthcare.gov right now have an ID proofing process, and that ID proofing process really is heavily reliant on people having credit history. And to the extent that someone doesn't have credit history there are other processes that can be put in place to try to get somebody, you know, to make sure that they are who they are in order to submit an application. So you can see that there is usually a real big benefit when helping families that include immigrants to figuring out if there is an adult in the household that is the best person to be that, not the head of household but the term is the household contact, I guess the way to describe them is the person who is actually filing the application on behalf of the unit. And the reason why, what you would want to do is identify that household contact that is the most likely to have credit history and/or the person who is going to be the best able establish who they are, provide proof of who they are. And the reason why we kind of point that out is because there are some families where this could become difficult as, for example, if there is a parent which may not have, they are not applying for insurance for themselves, but they are applying for their citizen child, that parent may not be able to prove their circumstance. So it gets a little bit tricky for some families. But where possible, it's really important to try to select the person as the household contact that would be most likely to get through the application process as quickly as possible, right? Because you want it be as quick as possible for the family. In this case, because Nadif is the citizen in this scenario that we just

talked about, that means he has lived in the country the longest and is most likely to be able to have some kind of credit history. Of course, things may change between different families. So with that I'm going to turn it over to my colleague, Jenny, who will go through the next scenario.

>> Jenny Rejeske
Thanks. And if I could just get a quick time check, how much time do we have left in our section please?

>> Donna Cohen Ross
You have about five minutes Jenny.

>> Jenny Rejeske
Okay. So the next scenario, I'll probably only have time to walk through the next scenario and the next one will be just for people's information and resources in the future. But scenario 2, we've got Rashid and Miriam who are married and live with their daughter Leila. Rashid and Miriam came to the US as refugees four years ago and also became lawful permanent residents or green card holders last year. Leila was born in the US last month, and we put here that she does not have a social security number yet, but she has applied for one. So just to think back to Sarah's presentation, and remember that social security numbers are optional and that they've already applied for one for Leila so they don't need help applying for her social security number but that field will be blank on the application. The family income is $17,577 a year. We also point out that Rashid and Miriam file taxes jointly and claim Leila as the dependent, so they meet those requirements for applying through the Marketplace if they do that. And that everyone in the family is interested in getting health coverage. So thinking about their eligibility based only on what we know about their citizenship and immigration status, Rashid is a refugee and a lawful permanent resident, and so in terms of Medicaid he is a qualified non-citizen. He is on that list of eligible immigration statuses for Medicaid. He is also not subject to the five year bar. He is a refugee and does not lose his refugee status after he gets his green card, and refugees are not subject to the five-year bar, they are exempt. So he is exempt from the five-year bar and he is lawfully present, because everyone who is qualified is lawfully present. So therefore he meets the immigrant eligibility rules both for Medicaid and for Marketplace coverage. Miriam has the exact same immigration status, so her situation is exactly the same as Rashid's. And Leila is easy, she is a US citizen so she is eligible for all programs based on her citizenship. So when we bring in income, and here we're going to look at Oregon, which is a Medicaid expansion state. So their income puts them at 90% of the poverty level. Miriam and Rashid are eligible for Medicaid because Oregon has expanded Medicaid. They meet both the immigrant eligibility rules. They are not subject to the five-year bar and they meet the income rules as well. And Leila also is eligible for Medicaid for the same reasons. Now looking at a state, the next slide please, that did not expand Medicaid, so we're back in Virginia again. And in Virginia it changes for Miriam and Rashid. They are not eligible for Medicaid, and that is because they meet the immigration status requirements for Medicaid but their income, since Virginia did not expand Medicaid they are over the Medicaid income limit in Virginia. They can purchase full price insurance in the Marketplace, but they are in the coverage gap for premium tax credits in the Marketplace. So they are one of these people who, their income

is below 100%, they are lawfully present, but they are eligible for Medicaid based on their immigration status therefore they do not fall in this special rule to be eligible for tax credits in the state. And Leila is eligible for Medicaid once again. So the next, I think that's it for that family. The next scenario I'm not going to go through in detail because of time issues but I just want to put it in there for you. It is an example of a family in which mom is undocumented and the next daughter has DACA which Sarah mentioned, Deferred Action for Childhood Arrivals. Then Tanya the youngest daughter is a US citizen. So just real quickly, undocumented folks and individuals with DACA aren't eligible for coverage in general, they're not eligible for Medicaid, for full scope Medicaid, not eligible for coverage in the Marketplace. So it's just Tanya who is going to be applying for coverage here. I guess one other thing to point out -

>> Shelby Gonzales
We can skip through scenario 3 and give you just an extra minute or two on the following if you'd like.

>> Jenny Rejeske
Thank you that's fine. So one final point that we wanted to mention for sure, and it's especially important for mixed status families in which someone in the family is undocumented, is this concern that immigrant families have about whether the individual's status is undocumented, that that is going to be exposed somehow if that information will be shared with immigration authorities and ultimately could lead to that person's deportation and separation from their family members. And so there are several rules in Medicaid and the ACA that protect people's information. Sarah mentioned very clearly that individuals who are not applying for coverage for themselves don't have to provide any information about their citizenship and immigration status and it won't be used by immigration officials for enforcement purposes. And this was reiterated by the Department of Homeland Security in the fall, so there is a memo from ICE from October, it is in English and Spanish, and it says that information on insurance applications won't be used for immigration enforcement purposes. So just an important thing to keep in mind and share with folks. One more thing on the next slide, just about income issues. Similar to the ID issues, immigrant families are going to be disproportionately affected by some of the problems with income verification, partly because sometimes the adults or an adult in the household who is working may not be eligible for an SSN. And it's the SSN that is used in the electronic verification system to verify income. So just, the point here is that immigrant families are more likely going to need to provide paper documentation of their income or a letter, or an attestation indicating what their income is if they don't have paper proof of their income. They will more likely need to submit that additional documentation and won't get through the electronic income verification process, just one thing to note. And then in mixed status families, if someone is not eligible for an SSN they can still file taxes with an Individual Taxpayer Identification Number or an ITIN, and they apply for that from IRS directly. But they don't have to provide an ITIN on the application, that is not going to help them get through the electronic income verification process. So again, if someone is not eligible for an SSN they should leave that field blank. And we have a couple other additional slides which are just there for folks' reference in the future. Most of the issues Sarah already covered in her presentation. So I'll stop.

>> Donna Cohen Ross
Great. Thank you so much Shelby and Jenny. I think that going through scenarios like this is really what we need to get the kind of practical focus on how the rules get applied. We really thank you for taking us through those, and of course everyone has a third scenario to pore over on their own and sort out those issues. So we thank you very, very much for that presentation. So as you might expect, we have questions that have been pouring in from all of our speakers, for Sarah, Shelby and Jenny. There was, a couple of people asked a question though that I actually can answer, so I'm going to take the opportunity to do that because none of these other questions are meant for me, they are for our speakers. But Sarah had mentioned early on when she talked about that option for states to cover children and/or pregnant women without regard to when they entered the country, the lawfully residing children and pregnant women. She mentioned that there were 29 states, the District of Columbia, and one of the territories that picked up that option. And someone of course correctly asked where they can find the list. And the list resides on insurekidsnow.gov. If you click in the left hand navigation on For Professionals, and then click on Eligibility and Enrollment Options, you will find, if you scroll down you will find the list that you're looking for and you can see if your state is one of those that has picked up those options. And so thank you for asking that question. I'm going to start out with a couple of questions that have come through for Sarah, and we thank everyone for their questions but I'm going to get started right now. So Sarah, are you back with us?

>> Sarah Lichtman Spector
Yep, I'm here.

>> Donna Cohen Ross
Sarah, you need to get a little closer to the phone I think, it's a little bit hard to hear you.

>> Sarah Lichtman Spector
Can you hear me better now?

>> Donna Cohen Ross
Thank you. The first question comes from Cindy Smith, and she asked quite straightforwardly, if a refugee has been in the country for six years, is that person still eligible for Medicaid?

>> Sarah Lichtman Spector
The answer simply is yes. That's an easy one. I'm happy to say, an individual, so the five-year bar so to speak or the waiting period is not at all related to refugees as the example that Shelby and Jenny went through. Those individuals are eligible immediately, so there is both no waiting period and there is no reason why being a refugee for six years would limit her eligibility. There are a narrow set of states that only provide eligibility for Medicaid for refugees for seven years, but a refugee who is there, that only is the case in a few states. But simply a refugee who is here for six years as a refugee will still be eligible for Medicaid in all states, if eligible and meeting all of the rest of the eligibility criteria for Medicaid in that state.

>> Donna Cohen Ross
Thank you Sarah. This next question is actually kind of a practical question, and this one, well let me just state the question and then I'm sure any of the speakers can answer it. You talked a lot about different immigration statuses, different categories, and the questioner, Maureen Bates, asked, how do we specify those categories on the application? The application doesn't actually ask for them. Is there a practical answer to that very practical question?

>> Sarah Lichtman Spector
This is Sarah. So let me take a stab at the beginning of it, and I don't know if Jenny or Shelby will want to jump in. But states do this in a variety of ways, and it's permissible to do in a variety of ways. On the single streamlined application that we developed, that the Secretary developed and is used by the federal Marketplace, what we do is we ask simply whether an individual has an eligible immigration status. And an individual is required to in some way to attest, to declare that that they have an eligible immigration status, and then provide tools and information for people to understand what that means so it's really a knowing and understandable attestation. Other state applications I've seen do specifically have drop down menus and ask individuals to attest to a specific immigration status. So I think the applications will vary, but they vary within sort of a scope of again back to my basic standard, if you take nothing else away, it has to be relevant and necessary information to actually determine eligibility. And then the verification, I don't want to take up too much time. But the verification goes from there, which is to say with DHS, and there are a number of other nitty gritty pieces sometimes that are required to verify electronically. But the beginning attestation could be done in a number of permissible ways.

>> Donna Cohen Ross
Thank you. Shelby or Jenny, did you want to add to that at all or do you think that one is covered?

>> Jenny Rejeske
Nothing to add for me.

>> Shelby Gonzales
Me neither.

>> Donna Cohen Ross
The next question is about a household with income of less than the federal poverty line, and I'm going to read the question to you and see what you make of it. This is from Jose Gonzales. Can someone apply for Medicaid or CHIP who belongs to a household that has an income of less than the federal poverty level but the family has mixed status? So the question - I'm not exactly sure what the focus of the question is, but I'm wondering if it has to do with whose income in that family you count. And who would like to take that question?

>> Jenny Rejeske
I'll take that first - go ahead.

>> Sarah Lichtman Spector
I wanted to start with the premise, the basic premise that I talked about very broadly, that there can be individuals who are not necessarily eligible themselves or applying for themselves, so I called those individuals colloquially "non-applicants." But there is a basic construct that is important to know, that probably there could be household members who are not applying for coverage for themselves. As I talked about, you may need to know their income for example to assess and determine the eligibility of their family member, for example the child in the household.

>> Jenny Rejeske
That's great. And I think the thing that I would add to that, this is Jenny at the National Immigration Law Center. And the thing that the question brings to mind for me, there have been some problems for individuals who are lawfully present but not eligible for Medicaid, who have been trying to apply for tax credits in the Marketplace but have experienced problems getting the correct eligibility determination for the tax credits. And there have been a couple workarounds that have been added to the online application to try to get to the right eligibility determination, and one of them is the question about whether someone has received a Medicaid denial, and then a follow up question about if the Medicaid denial was due to immigration status issues. And so sometimes in an immigrant family or a mixed status family, for these folks who aren't eligible for Medicaid but they are lawfully present for tax credits, they may, it may make sense for them to actually apply for Medicaid even though they know they're not eligible for it, and get a denial so they can successfully get through the Marketplace application and say truthfully that they did receive a denial, it was because of immigration status reasons, and then that will help them get the right eligibility determination. I'm not sure if that's what the question was about, but it did bring to mind that particular scenario.

>> Donna Cohen Ross
That's great, thank you so much. We have, as you might imagine we have a lot more questions, and we are going to have another Q & A period later. Sit tight if your question hasn't been answered. We'll try to get to a few more in a little while. But in the meantime I want to bring our next speaker into the conversation. I want to welcome Stephani Becker. She is a Senior Policy Specialist at Sargent Shriver National Center on Poverty Law. They have been longtime partners in helping to enroll eligible individuals in Medicaid and CHIP. We're going to hear a little bit about strategies for reaching and enrolling families in immigrant communities. How do you use all the information that you just heard from Sarah, Shelby and Jenny and really use that to engage families and individuals and help get people enrolled. Stephani, welcome to you, and we're going to turn it over to you.

>> Stephani Becker
Thanks Donna and good afternoon everyone. As Donna said, my name is Stephani Becker. I'm a Policy Specialist at the Shriver Center. And thank you so much for including us in this webinar and giving a spotlight on Illinois. Due to the rollout of the Affordable Care Act, the Shriver Center's

work on outreach, education and enrollment of immigrant families into Medicaid and CHIP this past year has been grounded in a couple of new roles for us. So I wanted to mention these just to set the context for my remarks. In partnership with other organizations, we run HelpHub, which is an online technical assistance center for over 1,300 enrollment specialists in Illinois. We were also part of the Illinois Marketplace Training Team, which trained over 1,200 navigators and in-person counselors and over 700 CAC's on enrollment into Medicaid in the Marketplace. Through this involvement and other community based projects in Illinois, we've worked with and received feedback from hundreds of outreach and enrollment specialists that serve immigrant communities and limited English speakers. Illinois is home to over 1.7 million immigrants, the sixth largest immigrant population in the US. An estimated 540,000 immigrants in Illinois are uninsured, and of those nearly half are eligible for coverage under the ACA, including new Medicaid and in the Marketplace. Going into this enrollment period, we knew that immigrants and mixed status families face unique barriers accessing healthcare, including language, literacy, and cultural barriers, perceived complicated application processes, logistical and transportation obstacles, and concern about unintentionally exposing mixed status families, mixed status relatives. Last year, groups serving immigrant families in Illinois were gearing up to help translate these new healthcare opportunities under the ACA to this large community. Next slide please. I wanted to mention briefly that Illinois Medicaid and CHIP eligibility is fairly expansive for non-citizens. First of all, Illinois is one of the 26 states that expanded Medicaid. So qualified non-citizens are eligible for all Medicaid programs in the state. And then lawfully present and undocumented non-citizen children and pregnant women are eligible for Medicaid and CHIP called All Kids in Illinois. That is state funded by the state. I just wanted to mention that when you listen to some of our outreach efforts. So during my remaining time, I'm going to go over the five best practices we learned from navigators and CAC's who help enroll immigrants into Medicaid and CHIP. The first best practice is having a trusted messenger, meaning that it was critical for someone who was trusted in the community to be able to translate healthcare options to immigrants who had a fear or mistrust of the system. The state of Illinois did a great job setting the stage for this in its award of about 28 million dollars in in-person counselor or IPC grants across the state. A study conducted of Illinois IPC organizations found that IPC's, or navigators they're also called, shared similar racial, ethnic, and language backgrounds with the uninsured communities they were trying to reach. In addition, the IPC's chosen had fluency in over 30 different languages, which is representative of the immigrant communities in our state. To make it easy to find a navigator who spoke your language, the search function of the Get Covered Illinois website shown here allowed you to search an IPC organization by language spoken. Another part of being a trusted messenger and successful enroller is having bilingual staff members present at all events and on the phone to go through the Get Covered Illinois screening tool and to follow up with for appointments. A navigator group that didn't have all the languages on staff contracted with a language access resource center for culturally competent translations. In addition, the navigators made sure to partner with and have a consistent presence at organizations that already serve immigrant and mixed status families such as churches, synagogues, mosques, schools, health departments, tax sites serving low income families, community centers and libraries, or non-profits such as World Relief that already worked with refugees and asylees. One navigator said that her most successful experience enrolling mixed status and immigrant families was at the Muslim Community Center in Chicago because the

leaders of the mosque would make an announcement during services that they would be there, and then after that there were lines out the door. The second best practice I want to mention is around community engagement. It was critical for these trusted messengers to go out to the community where immigrant families were already and engage with them in a respectful way. Often they told personal stories about the importance of health insurance to them. They went to schools, public transportation stations, ESL classes, restaurants, supermarkets, etc. to talk about their new health options with potential clients. One of my favorite community engagement techniques was from a navigator on the west side of Chicago who went to the fields where adult men's soccer leagues play, because they knew there was an insurance requirement for these leagues. So they would start conversations about Medicaid and the Marketplace with the players and their families. The next best practice I'll mention is know your clients and tailor your communication accordingly. Because the IPC's were from the immigrant communities they were trying to reach, they learned quickly which messages would work and how to translate complex health policy into simple messages. One navigator serving the Latino community said every time he posted something on Facebook about an enrollment event, he would get inundated with questions. In Chinatown, having a column every week in the Chinese newspapers was the best way to get the word out. IPC's learned that to catch the attention of their consumers they need to make the message simple and clear. For example, "Did you know that you might be eligible for Medicaid?" "Have you heard about the penalty if you are not covered?" Also word of mouth was key. Many navigators in immigrant communities said their best outreach tool was a conversation and their business card. Once a person in the community has a navigator's business card, word would carry fast among all the community members. Navigators found that it was critical to address immigrant and mixed status families' fears and opportunities about healthcare access up front and in their native languages. So they would always explain that applying for Medicaid couldn't be considered for public charge issues as Sarah mentioned earlier. And also explain that information provided by the applicants wouldn't be used for immigration enforcement purposes. Many carried around with them the memo from ICE that Jenny mentioned earlier and would explain this policy with them in person. In terms of opportunities, navigators would make sure to include in communications that children and pregnant women can apply regardless of their immigration status and that a non-applicant can be undocumented and still apply for a child or eligible spouse. One navigator said that when she got to the enrollment process, she would say, "I'm sorry for the following questions, but I have to ask them in order for me to figure out what programs each of your family members qualify for." Then she would proceed to sit with them and show them the website and show that it was okay that they didn't report information about the non-applicant. In addition, and listed on the slide, we have specific fact sheets about Medicaid in many different languages that navigators could pull from and resource guides in Spanish, English, Arabic and Polish about the new healthcare options under the ACA. The last best practice I'll mention is that follow up mattered. Focus groups with immigrants before the ACA rollout found that only 44% of immigrants understood how insurance works. So navigators made sure to give follow up information to clients. Most enrollment specialists have found right now that clients are coming back to them after getting enrolled and asking what's next. So they've been providing fact sheets about what will happen when someone receives their medical card. This is particularly important in a state like Illinois where Medicaid managed care is rolling out around the state, and

most recipients will have to choose a primary care doctor and stay in network for care. In addition, navigators provided information in their native language about preventative care and what it means to value and use your healthcare. And then also, what will happen a year from now when their Medicaid will be renewed. The mantra now among navigators is not just get covered, but to stay covered. So how did we do? Over the course of the enrollment period and actually through June of this year, Illinois enrolled over 380,000 ACA adults into Medicaid and are adding more each month. The state expects an additional 360,000 more are eligible. Now we don't have any data yet on the immigration status of this group, but we do know that there are many, many eligible immigrants in this group that still remain to be eligible and uninsured. In addition, about 180,000 uninsured children remain eligible for Medicaid and CHIP. So our work is still cut out for us, with more work to be done. But we are so thankful for all the navigators and their work this past year in helping us reach this point. So thank you very much for listening to me. My contact information is on the last slide. If you have any questions you can also follow up with me after the webinar.

>> Donna Cohen Ross
Stephani, that was really great, and I think you gave us maybe even another facet of taking those eligibility rules into the practical world, and I was most interested in the going to the adult soccer leagues to help people understand their eligibility and enrollment there. I'm going to guess there was a lot of business lately in that realm, so thank you.

>> Stephani Becker
Absolutely.

>> Donna Cohen Ross
I bet there was. Stick with us, because I know we're going to have some questions for you in a moment. Now I want to I guess move west with our spotlight and put that spotlight on Washington state. I want to welcome Jesus Bervis, the Eligibility Manager from NeighborCare Health, and Maya Berkowitz who is the ACA Outreach Specialist at NeighborCare Health. They are going to talk to us about how they approach outreach and enrollment in their community with I think a very wide variety of immigrant groups that they are working with every day. So welcome to both of you.

>> Maya Berkowitz
Thank you.

>> Jesus Bervis
Thank you and hello everyone. I'm Jesus and I want to thank Riley and Donna and Steven for the opportunity to share our experiences and our strategies and everything else that we are doing good to enroll many kids in CHIP and Medicaid. We are a federally qualified community health center, and our hope is that you can take home new ideas and information that will enhance how you are reaching out and enrolling kids in your community. My partner and colleague Maya here is going to be doing most of the talking. We are going to be interacting and exchanging and sharing information between the both of us to you guys.

>> Maya Berkowitz
Thanks Jesus. So up here on the slide you can - go back one. You can just see a little bit about the demographics we serve. As Jesus said, we are a community health center with 24 locations in the Seattle area, and we are serving primarily low income, undocumented, homeless immigrant refugee communities and families across the Seattle area. You can go to the next slide. Next slide? Great. So we have approached our outreach and enrollment in several different ways. The first is that we have our in clinic programs. So we have staff in each of our clinics to enroll people, both patients and clients who walk through our doors every day. And then in July of 2013, we got grant funds to expand that program to reach outside of our clinics. All of these staff are called eligibility specialists here at the organization, but they are all certified in-person assisters or the common name is navigators. Next slide. So we wanted to touch on our three prominent outreach strategies that we have found have been really successful for us. Many of these have been mentioned by Stephani, but we are going to talk a little bit more specifically about how this works for us. So the first would be building organizational relationships and partnerships with other community organizations in the area. And for us this really meant going outside of the healthcare realm and approaching community based organizations that were doing interdisciplinary work in the communities. So that means people at food banks and organizations doing affordable housing and different projects in the community that were serving the same clients but offering different services. And then the next one is building relationships in immigrant communities. If you can go back. So Stephani mentioned this, but we found that building trust is incredibly important to the success of any outreach efforts. So this means having multilingual staff, hiring people from the community. It means having a sustained presence and being there throughout the enrollment process and offering follow up is really important. And then of course, culturally appropriate messaging and marketing, I'm going to go more in depth with now.

>> Jesus Bervis
So one of the things that we do here is that we pay attention to the needs of our clients. For example, we had a client that we were helping, and at the end he was enrolled and his family, and we found that he was recently released from jail. And then he would say, you are saying that I have insurance now, I don't have to go to jail get medication? And that was very touching. So what we did, we reached out to the court system here and now we have a presence in the court trying to reach out to those folks that are newly released or people that are getting in and making sure they understand how the programs work.

>> Maya Berkowitz
So we want to move onto the next slide. So we have several examples that we want to share with you about some the successful work we've done around messaging, marketing and engagement. Obviously, offering translated materials in multiple languages is incredibly important. But also knowing who your immigrant communities are and how to reach them is incredibly valuable. Here in the Seattle area, a lot of Hispanic populations listen to [ inaudible ] for example, and that's a really important tool to reach out to those communities. Different communities here have newspapers where you can run publications all in the language of the community obviously. So

those are really great ways to reach out, but you need to know the publication, you need to know what the best way is to talk to people in the community. And then of course another one would be a comprehensive community needs assessment. So what we mean by that is really having a sense of where your community is already going for help and being able to address them in those specific locations. So for us, before the enrollment of the Affordable Care Act began, people were receiving medical help at the Department of Social and Health Services here. We recognized pretty quickly that people were continuing to go there to receive care, even though DSHS as it is called here was no longer offering medical enrollment services because the program got switched to another state agency. So we quickly put in-person assisters into those sites to make sure that those people who were continuing to go to those offices were receiving the help that they needed even though it wasn't going to be offered by the staff in those offices. Another one is addressing population-based concerns and offering targeted enrollment events for those specific populations. So a big one would be people in mixed immigrant families who are very concerned about issues of registration and just general un-trustingness of new systems. One example is we threw a huge enrollment event where we actually had 300 people show up and we partnered with a lot of different organizations, a lot of the different Spanish speaking consulates in the area, to really get the word out. And then we had a lot of Spanish speaking in-person assisters and people there to really explain to clients the rules so that they felt safe and comfortable. Another thing that's really important is that you never want to give a no any of the clients that you see, especially people who are undocumented. So often people get turned away because they don't meet certain requirements. And so the great thing for us was that because we have clinic services and programs where we serve both insured and uninsured patients, we were able to offer people other options, other programs, to refer them to clinic sites and other support services that they could receive assistance at without having to disclose their documentation status. And then of course, you know, social media I think is often something that we don't look to as a serious way to engage with immigrant communities, and I think that's very quickly changing. That's definitely something that we're continuing to work on here at NeighborCare Health, to try and figure out the best ways to use new technology to really reach these communities. Because they are using these technologies in their everyday lives. And then lastly, really being intentional about participating in conversations with our state based exchange. We had some challenges around marketing and advertising for the year-round Medicaid enrollment process. A lot of people thought that at the end of March you could no longer enroll in Medicaid. So we saw a steep decline in people seeking our services. So we are really working with the state and with local organizations and the county health departments to try and improve general marketing around Medicaid options and enrollment for both adults and children throughout the year. Next slide. And then Jesus and I briefly wanted to talk a little bit about the kinds of successes that we've seen through using these techniques. NeighborCare has enrolled over 13,000 people in the Affordable Care Act since October 1 of 2013. That is a pretty large number for our organization. But the state has actually enrolled over 900,000 new people in Medicaid since October 1, 2013. So we've seen a huge increase in our Medicaid rolls here. At our organization, we also enrolled over 5,000 children or renewed them in either Medicaid or CHIP programs. And then a few other things that we've done is that we worked with the state to develop a process for helping to enroll some of our young homeless folks who are either living on the street or with friends who don't have their families

with them, as well as kids who are undocumented. These kids we have found are incredibly hard to get through the system, so we've worked with the state and other agencies to make sure that we have work around processes for them to be successful at getting them enrolled because they are such a vulnerable population. And then lastly we are currently participating in the development of the new training for navigators to help make sure that we address some of the concerns and challenges that we've run into and make sure that they get addressed this coming open enrollment period.

>> Jesus Bervis
One of the things that I like to do is illustrate a little bit how we do it. I remember years ago when I started in this new arena, I visited one of the Muslim organizations here in the Seattle area, and when I introduced myself they were looking to me with a little bit, they were a little bit skeptical. And later I was fortunate enough to hire somebody from that community, and we both approached the same people, and the reception was a little different, and we were received with a big welcome and I even had a parking spot reserved for me. And they were very open to hearing what we were coming to offer. And also I learned that the male population receives better from a male person, they are more welcome and open to hear messages from a male figure. So what Maya and I did, we take turns and share the messages that we have for them. If it's a male group, I will come and share information. And if it is a female population of the community then Maya will come. So those certain things that we have learned as we move and that is one of the things that I will suggest people to pay attention to the needs, pay attention to their cultural beliefs and try to accommodate those in your efforts.

>> Donna Cohen Ross
Great. Jesus and Maya, thank you so much for that presentation and Stephani as well. I am going to start off with some questions that actually pertain to the three of you and some of the items that you talked about in your presentations. And then I will say, we do have a little bit of time to go back to some of our previous speakers for some of the questions that we couldn't answer before. But we had a couple of questions that I'm going to consolidate, and they were about the work the three of you in your respective organizations are doing to make sure that the communities that you work in have materials that are properly translated and interpreted and also that the outreach workers who are on your team are competent and trained. And I'm wondering if each of you could say a couple of words about how you make sure that outreach workers are trained and competent in whatever language they are working in, and also what you do about materials to make sure that materials are properly translated and interpreted. I use both terms there because I have learned that they are two different things. So Stephani, I'm going to go to you first. Is there something that you'd like to share about what Shriver Center does.

>> Stephani Becker
Well sure. So what we've done is actually just partner with groups who are very adept at doing culturally competent and good translations. For example, we have partnerships with the Asian Health Coalition here in Illinois and also with ICIR, which is the Illinois Coalition on Immigrant and Refugee Rights. And so Shriver itself, we don't have that capacity but we partner with groups who

do. And they have translated Medicaid fact sheets, ACA fact sheets, and all of the great outreach tools into multiple different languages and have tested them, or translated by people, you know, native speakers themselves. So that is what we've done in all of our projects and it has worked really well.

>> Donna Cohen Ross
Thanks Stephani. Maya, Jesus, is there anything you want to add, particularly about written materials?

>> Maya Berkowitz
I think that one of the great benefits that we have is that we actually have staff in our clinics that speak over 44 different languages. So whenever we're having materials made in other languages, we make sure to have them vetted and read by a native language speaker on staff, someone who has the kind of medical and language terminology. Oftentimes someone from our eligibility staff will read it very closely and make adjustments as needed.

>> Donna Cohen Ross
Great, thank you. And I would just add from the perspective of Connecting Kids to Coverage, you'll notice when you go onto insurekidsnow that all of the materials that we have are in English and Spanish, and we also have materials in a variety of other languages as well. We also have had on occasion individuals ask us for materials in a language that we don't have. For example, not long ago someone asked for materials in Portuguese, and we basically took the same approach that Maya just mentioned. We had a native speaker translate the materials, and then we had someone else from a different organization that also spoke Portuguese read and affirm that the materials were translated in a way that they could understand. So just some of the languages that we do have, Vietnamese, Chinese, Korean, Haitian, a number of others as well. So thanks for sharing that, and again that gave me a great opportunity to say that our materials are hopefully going to be useful to many of you as well.

>> Riley Greene
And on that point Donna I'll just jump in before we go to some other questions for Jenny and Shelby and even back to Sarah. This presentation, both the slides and a recording will be available on insurekidsnow.gov. It takes about two weeks to get them up online, but they will be available to everyone online after the webinar. So with that, Jenny and Shelby, I'm going turn the floor over to you all with a question that we had from Maureen Bates. Her question was about one of your scenarios. She said, if Miriam wasn't a refugee but still was lawfully present, would she still qualify for Medicaid?

>> Donna Cohen Ross
Can you take us back to Miriam and tell us a little bit about her?

>> Shelby Gonzales

Sure. And Jenny, do you want to go ahead and take this one since that was the family that you were covering?

>> Jenny Rejeske
Sure. Is it possible to see the slide?

>> Riley Greene
Yes, we are going to go back there.

>> Shelby Gonzales
We've changed these families a couple of times, so it's hard to...

>> Riley Greene
So the question again just since we're on the slide, Maureen Bates is asking, if Miriam wasn't a refugee but still was lawfully present would she still qualify for Medicaid?

>> Jenny Rejeske
Okay. So now can you go a couple slides later to the findings page? Can you go to the one right before that? Oregon. Let's say this scenario. So Miriam, she's no longer a refugee but let's say that she is a lawful permanent resident. She has a green card. Let's say that she has the green card, she just got the green card last year. So she has only had the green card for a year. And so she is still in the five year waiting period. In that case, she's not a refugee, she's just a lawful permanent resident, perhaps she got that through her family members or through an employer or something like that. So she no longer is an immigrant who is exempt, she is no longer in a category that is exempt from the five-year bar, so now the five-year bar applies to her. So even in a state like Oregon that has expanded Medicaid, she meets Medicaid's income level but now she's no longer eligible because she is in the five-year bar. But, she is eligible for premium tax credits because she's not eligible for Medicaid based on her immigration status and she's under 100% of poverty. So taking away the refugee part does change her eligibility for Medicaid.

>> Riley Greene
Great, thanks Jenny. And we have another question for, I'm sorry, was someone going to jump in there?

>> Jesus Bervis
Yes, this is Jesus. I think it is safe to also say that if that person was a minor or was pregnant the scenario would change.

>> Shelby Gonzales
In certain states, yes. It depends whether or not that state has adopted that policy.

>> Jesus Bervis

I believe Oregon did, that's why I'm making this statement.

>> Shelby Gonzales
Yes, you're right. Oregon passed, there you go, that's right. The only one thing I would say, now let's pretend that Miriam was a refugee and then later became a lawful permanent resident. You didn't lose your refugee status, so you would still be a qualified person. So I just wanted to throw that in just in case.

>> Riley Greene
Great, thank you all. And we have one more question for Shelby and Jenny if you can hang with us. This is from, I'm going to try to pronounce her name correctly, Jubilee Konoquia. The immigrants that do not qualify for Medicaid but have a Medicaid income, so they don't qualify for tax credits on the exchange. How do we handle these cases? And I think this is a question that we have seen a similar version pop up from a few people asking about coverage gaps and what you do for folks who fall into coverage gaps. So Jenny or Shelby, do you want to speak to that?

>> Jenny Rejeske
This might be another good one for some of our partners who make those kinds of referrals. But yes, there are going to be some immigrants who are going to be in the coverage gap, just like US citizens when they're in a state that didn't expand Medicaid. And in that case, they are going to have, if they're not eligible for the tax credits too, so they have an eligible immigration status for Medicaid and they are under 100% of poverty. So then they are going to have to rely on safety net resources and programs that are available for folks who don't have health insurance. That could be community health centers, it could be services in hospitals. Of course emergency services are always available regardless of insurance or immigration status. So if someone has an emergency they can go to a hospital. Many hospitals have discount programs based on income. So sliding scale discount programs at hospitals as well as community health centers, those are options as well. And if other folks from states want to jump in on other programs feel free. It is going to vary probably from locality to locality and what's available.

>> Donna Cohen Ross
Thanks for that Jenny. Stephani, Maya, Jesus, is there anything you want to add, or did Jenny cover that?

>> Stephani Becker
No, I think Jenny did a great job.

>> Donna Cohen Ross
I think it goes back to your mantra of never give people a no. When there's something to offer them in terms of resources, that's what we'd like to do. So thank you for that. I'm going to, the last question I'm actually going to post, bring Sarah back into the conversation. Sarah, I hope you're still with us.

>> Sarah Lichtman
Spector I am.

>> Donna Cohen Ross
She is, great. I think you need to move closer to the phone. If you could just say a few more words about the match, the federal match for interpreter services, and Tony Garr asks if you could say something about the matching rate for interpreter services. But anything else that you'd want to share with our participants about what that opportunity is about.

>> Sarah Lichtman Spector
Sure. So the federal match rate, federal Medicaid matching rate, is available in all states. It is going to vary state by state, each state has its own federal match rate. Generally and longstanding, it has been the administrative match, which is a basic 50%, but in CHIPRA really importantly there is the availability to get enhanced matching rates under your CHIP matching rate, which is available for CHIP assistance only and Medicaid children. So also individuals who are helping to enroll Medicaid children. It's not available for states related to adult Medicaid beneficiaries. But there is actually information on that on our website, and maybe that's something that would be, those questions and answers and a state health official letter that would be easy to circulate or post if that is something you wanted to do, Donna.

>> Donna Cohen Ross
Great. I think we'll do that, we do like to send things out to folks when we have additional information to share. So we can work offline on that. All of our presenters, just sit tight. We just have one more piece that we want to do before we say goodbye to everybody, and I'm going to turn this over to Riley. We couldn't let all of you go without letting you know what comes next.

>> Riley Greene
Great, thanks Donna. Well, first and foremost we just want to do a plug here for our next national webinar, which is going to focus on of course the timely back to school outreach and enrollment, and share some tactics and resources for success. So on this webinar, we will feature again some groups from across the country that have seen great success in their back to school outreach and enrollment efforts as well as organizations who you can work with to reach families during this period. I am going to send you all the registration link to this webinar through the chat service right now. So you can register right here while we have you. And we hope to see many of you on the line on Thursday, July 31 from 3:00 to 4:15 pm Eastern time. On that webinar, we will cover in depth some of the resources we've developed through the national Connecting Kids to Coverage Campaign, and I'll just give a brief overview of those now to give you a preview of what we have available for everyone. So you'll see some samples on the slide in front of you. But we have developed customizable print materials, this little cute blue mustached boy is an example of one of them, that highlight the benefits of Medicaid and CHIP, the eligibility levels. But they are customizable, that you can add your organization's logo, your URL and your phone number and order those print ready materials from insurekidsnow.gov for your own use. We also have both TV and radio public service announcements in both English and Spanish. These are national PSAs that

you are welcome to use in your community. We have developed a web video, the sample you can see in the bottom right hand corner of your screen, that's a really cute girl talking about the importance of having health coverage. We've developed social media graphics and template posts for you to use. Our superhero on the right who's got a good feeling about this is an example of those. So encouraging you all to use that on your Facebook and Twitter feeds and other social media platforms to spread the word to your community about Medicaid and CHIP. We've also developed web buttons and banners that can be featured on your website or on your coalition or partners' websites. We have a radio reader, which are basically scripts, 15, 30 and 60 second scripts that talk about the benefits of Medicaid and CHIP you can use in your community. And finally we have template articles that can be good drop in content for local press, online blogs, and good stuff like that. There is more where that came from that you can find at this URL and we will cover it in the back to school webinar. And with that I'll turn it over to Donna to close us out.

>> Donna Cohen Ross
Thank you so much Riley, and thanks especially to all our presenters, Sarah, Shelby, Jenny, Stephani, Maya and Jesus. And I did that without even looking at a piece of paper, because you all were really fabulous and I think the information you shared was important and memorable. So we really thank you for joining us this afternoon. And we want to thank all of our participants, our listeners. We had probably the largest audience that we've ever had for as long as we've ever had, because we did expand to 90 minutes for this really important topic. So we thank all of you for your participation and hope that you will use all of this information in your outreach and enrollment work going forward. I want to thank our partners here, our Connecting Kids to Coverage team for helping us set up and execute such a great webinar, and Riley especially for kicking us off into our webinar in just a couple of weeks. So thank you everyone, enjoy the rest of your day, and we look forward to being with you again soon.

>> Riley Greene
Thanks everyone. Bye.